

RYAN WHITE TITLE I PROGRAM
Letter of Medical Necessity for Valacyclovir (NEW PRESCRIPTIONS)

Date: _____

As the primary medical caretaker for _____, who has a diagnosis of _____, it is my considered opinion that (check one of the following)

<input type="checkbox"/>	Valacyclovir 500mg
<input type="checkbox"/>	Valacyclovir 1000mg

is medically necessary for this patient. The following criteria has been identified and documented in the patient's chart (the physician must initial next to the box corresponding to the medical condition that applies to this patient):

☐ This Patient requires Valacyclovir daily suppressive therapy (usual dose is 500mg twice daily) for recurrent Herpes Simplex episodes occurring while receiving standard doses of daily suppressive Acyclovir therapy (usual doses are between 400mg and 800mg twice to three times daily).

☐ This patient has acute Herpes Zoster, and requires Valacyclovir 1000mg three (3) times daily. A ten (10)-day supply, refillable once only, may be provided per episode.

OR

Note: To qualify for daily suppressive Valacyclovir therapy, a patient must have had more than one Herpes recurrence while receiving daily Acyclovir suppressive therapy. This must be documented by attaching a photocopy of a recent Acyclovir prescription to this Letter of Medical Necessity when submitted with the first prescription for Valacyclovir tablets. This is not a requirement for subsequent refills.

I understand Valacyclovir may only be prescribed when one of the criteria specified above has been met and is fully documented in the patient's medical record.

Sincerely,

_____, M.D.

Print M.D.'s Name

Florida Medical License # (MEO#)

Patient's 10 Digit Medicaid # (if applicable)

Patient's CIS #
(ID number assigned by the Ryan White Title I
Service Delivery Information System)

Please note: All questions should be addressed to Mr. Daniel T. Wall, Assistant Director, Office of Strategic Business Management, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee.

Pursuant to Article VI, Section 6.4 (H) of the Ryan White Title I service agreement, Miami-Dade County has the right to access all client files (including electronic files), service utilization data, and medical records during on site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.